INFLUENZA OUTBREAKS

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Influenza Outbreak Control for Long Term Care Facilities

Persons who live in long term care facilities have a higher risk for acquiring influenza and related complications because of their age, health status, and institutional living environment. Therefore, long term care facilities should develop an **influenza outbreak prevention and control plan**. The influenza outbreak control plan should be designed **prior to the influenza season** so that it can be implemented when a **confirmed** or **suspected outbreak** of influenza occurs. The ideal planning team should include the medical director, the director of nursing, the facility administrator, and the facility infection control practitioner or the nursing staff professional responsible for facility infection control. The guidelines should be agreed upon prior to the influenza season.

The following is an outline of the elements of an influenza plan. The planning team can evaluate each of the following elements and design particular strategies to prevent and control influenza for their long term care facility.

PREVENTION

1. Develop an INSERVICE TRAINING program for facility staff on respiratory secretion precaution, handwashing techniques, and review the elements of the influenza control plan. Schedule the inservice training in September.

2. Initiate an **INFLUENZA VACCINE PROGRAM** for facility residents and staff that includes education on the importance of influenza vaccination. The optimal time for influenza vaccination for persons at high risk for influenza-related medical complications is between October to mid-November. The vaccine program should include a method to assess the vaccine status of new residents admitted and staff hired during the influenza season so they can be immunized if needed.

3. To prevent complications and morbidity, **assess** resident **PNEUMOCOCCAL VACCINE STATUS.** Implement a plan to provide pneumococcal vaccine to residents who need it. (See Section 5. Immunizations.)

4. Establish and post at the nursing station the **case definition for influenza-like illness**:
   Fever (>100°F oral or equivalent)
   AND
   at least two of the following:
   - chills
   - headache or eye pain
   - muscle ache

- malaise or loss of appetite
- sore throat
- dry cough
- change in mental status.

BE ALERT FOR THE FIRST SIGNS AND SYMPTOMS of the illness during the influenza season.

(**Smith's Outbreak definition:** The presence **of more than one case of influenza-like illness** occurring in the **same unit** within **two consecutive days**.)

5. Develop a plan to obtain quick LABORATORY CONFIRMATION to detect influenza type A. One confirmatory laboratory test, such as the Directigen EIA Flu A test, from one of a group of residents experiencing influenza-like illness is enough to determine the presence of influenza A and to initiate the influenza plan.

6. The facility should have a system developed prior to the influenza season to quickly obtain physician orders for antiviral medication when influenza type A is detected. In addition, an agreement should be established with the facility pharmacy to quickly obtain the antiviral medications.

CONTROL

1. Increase attention to respiratory and secretion precautions and always practice good handwashing.

2. Identify the symptomatic residents and begin line-listing cases, including resident identifiers, room, wing, onset date, symptoms, vaccine status, treatment, hospitalizations, and outcome. (See Figure 7.1-5 in Subsection 7.1 Infectious Disease Outbreaks)

3. **Report outbreaks of influenza-like illness to your local public health agency or the Department of Health, Section of Communicable Disease Control and Veterinary Public Health at (800) 392-0272.** Department of Health staff can advise and assist with the implementation of an influenza control plan. Nosocomial outbreaks are a category I notifiable disease requiring reporting at first knowledge or suspicion.

4. Perform an influenza rapid-test according to an established influenza plan. Report **laboratory-confirmed cases of influenza to the Department of Health.**

5. For influenza type A, consult the facility medical director for a decision regarding use of antiviral medications, especially for the high-risk residents and the staff responsible for their care. Antiviral medications can have side-effects, therefore, each resident's physician should be consulted for the medication order.

If a decision is made to use antiviral medications for a given resident or staff member ill with influenza type A, begin medication within 48 hours of symptom onset and discontinue after 3-5 days of treatment or within 24-48 hours after disappearance of signs and symptoms.

For outbreak control, antiviral medications need to be continued for at least 2 weeks or until one week after the end of the outbreak.

6. **Screen staff** for symptoms and **DO NOT permit ill staff** to work. Personnel should notify the facility of the nature of the illness and those with fever, cough or other influenza-like illness symptoms should **remain off work for 3-5 days from** the **onset** of their clinical illness. Personnel with **mild influenza-like illness can work**, especially with residents already ill, but **must wear a mask** with direct resident contact and practice respiratory secretion precautions and vigorous handwashing techniques.

7. Implement symptomatic control therapy: bed rest or frequent naps, as tolerated; increased oral fluids such as sport beverages, antipyretics and analgesics, antihistamines and decongestants, bronchodilator therapy for residents with COPD.

8. Cohort cases to a wing or hall of the facility**.** Direct care nursing staff should be assigned to the cohort unit during the duration of the outbreak. Provide antiviral chemoprophylaxis to consenting personnel staffing the outbreak unit and to all unvaccinated personnel providing direct resident care. **Restrict all but essential personnel** from entering the cohort area. Important support services such as respiratory, physical, and occupational therapy as well as chaplain, social service, and activity visits should be provided to the limit of the resident's tolerance.

9. Post the influenza outbreak control plan at the entrance of the facility and screen visitors and relatives for illness. Limit visitors for ill residents during the acute and communicable stages of illness.

10. Health care facilities receiving discharged or transferred residents should be informed that the resident is coming from a facility with an influenza outbreak. Health care facilities admitting residents to the facility should be notified that the facility has an influenza outbreak. The resident and the resident's family and physician should be given an opportunity to decide if admission to the facility should be delayed or reconsidered.

OTHER OPTIONS

The facility administrator in consultation with the infection control practitioner, the medical director, and the director of nursing may make a decision to close the nursing unit to all new admissions, discharge asymptomatic residents, and to cancel all appointments that are not medically related.

References:

1. Centers for Disease Control and Prevention. Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1998;47(RR-6). *(These recommendations are updated and reprinted in May of each year.)*
2. Missouri Department of Health. Infection control guidelines for long term care facilities Emphasis on body substance precautions. Section 11.0 Infection Control Resources. July 1999.